FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:				
Estimated average burden				
hours per respons				

SEC USE ONLY					
Prefix	Serial				
DA	TE RECEIVED				
	 				

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Convertible Promissory Notes and Common Stock Purchase Warrants	SEC
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	MAY 13 7008
1. Enter the information requested about the issuer	1,0 2000
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Neuroptix Corporation	Wedinfier, de - 401
Address of Executive Offices (Number and Street, City, State, Zip Code) 20 Main Street, Acton, Massachusetts 01720	Telephone Number (Including Area Code) 978-263-0005
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Development and utilization of diagnostic and therapeutic biotechnology primarily related to	degenerative disorders or aging
Type of Business Organization Corporation Ilmited partnership, already formed Ibusiness trust Ilmited partnership, to be formed	PROCESSED MAY 2 2 2008
Month Year Actual or Estimated Date of Incorporation or Organization: 10 01 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BA	SIC IDENT	TIFICATION D	ATA					
2. Enter the information req	uested for the foli	owing:		•		-				
Each promoter of the	and the state of t									
Each beneficial own	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
Each executive office	cer and director of	corporate issuer	s and of cor	porate general a	nd managing	partners of	partne	rship issuers; and		
Each general and m	anaging partner of	partnership issu	iers.							
Charle Day(as) that Amales	December .	Dene Soial	Oumer [Executive O	fficer 🔽	Director		General and/or		
Check Box(es) that Apply:	Promoter	■ Beneficial	Owner E	Executive O	Inicei 🛂			Managing Partner		
Full Name (Last name first, if Hartung, Paul	individual)									
Business or Residence Addres c/o Neuroptix Corporation				•						
Check Box(es) that Apply:	Promoter	Beneficial	Owner [Executive O	fficer 🔽	Director		General and/or Managing Partner		
Full Name (Last name first, if	individual)									
Goldstein, Lee E.										
Business or Residence Addres	s (Number and	Street, City, Stat	e, Zip Code)							
c/o Neuroptix Corporation	, 20 Main Street	, Acton, MA 0	1720							
Check Box(es) that Apply:	Promoter	Beneficial	Owner [Executive O	fficer 🔽	Director		General and/or Managing Partner		
Full Name (Last name first, if Gill, Richard D.	`individual)									
Business or Residence Addres	s (Number and	Street, City, Stat	e, Zip Code)							
c/o Neuroptix Corporation,	20 Main Street	Acton, MA 0	1720							
Check Box(es) that Apply:	Promoter	Beneficial	Owner [Executive O	fficer 🔲	Director		General and/or Managing Partner		
Full Name (Last name first, if	individual)									
Chylack, Leo T.	Olymbar and	Street, City, Stat	a Zin Code			.				
Business or Residence Addres 15 Bradford Road, Duxbu	`			v=						
Check Box(es) that Apply:	Promoter	Beneficial	Owner [Executive O	fficer 🔽	Director		General and/or Managing Partner		
Full Name (Last name first, if Henry, Michael W.	individual)									
Business or Residence Addres		Street, City, Stat t. Acton. MA								
Check Box(es) that Apply:	Promoter	Beneficial		Executive O	fficer 🔽	Director		General and/or Managing Partner		
Full Name (Last name first, if DiPalma, Stephen J.	individual)									
Business or Residence Addres) 						
Check Box(es) that Apply:	Promoter	Beneficial	Owner [Executive O	fficer [Director		General and/or Managing Partner		
Full Name (Last name first, if	(individual)						_			
Business or Residence Address	ss (Number and	Street, City, Stat	e, Zip Code	<u></u>						
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)										

				B. II	NFORMATI	ON ABOU	T OFFERI	NG					
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.						Yes	No E						
2. What is	the minim	um investm	ent that w	ill be acce	pted from a	ny individ	ual?				\$_ ¹⁰ ,	\$_10,000.00	
		permit joint									Yes R	No 	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name (Last name	first, if indi	ividual)					-					
Business or	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)							
Name of As	sociated Br	oker or De	aler								<u> </u>		
									<u>.</u>				
States in W		Listed Has " or check										l States	
(Check													
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR	
Full Name (Full Name (Last name first, if individual)												
Business of	r Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)							
Name of As	sociated Bi	roker or De	aler			<u> </u>			·				
States in W	hich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers							
(Check	"All States	s" or check	individual	States)			***************************************				☐ Al	1 States	
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR	
Full Name	(Last name	first, if ind	ividual)				-	-			-		
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)								1 States					
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alre sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, ch this box and indicate in the columns below the amounts of the securities offered for exchange already exchanged.	eck		
	Type of Security	Aggregate Offering Price	e	Amount Aiready Sold
	•	· ·		\$ 800,000.00
	Debt			\$
	Equity	\$		\$
	Common Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests			
	Other (Specify Common Stock Warrants			
	Total	<u>\$</u> _800,000.00)	\$ 800,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	cate		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors	30		\$ 800,000.00
	Non-accredited Investors			\$ 0.00
	Total (for filings under Rule 504 only)			\$
				Ψ
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	the		
		Type of		Dollar Amount
	Type of Offering	Security 0		Sold
	Rule 505			\$ 0.00
	Regulation A		_	\$ 0.00
	Rule 504	<u>0</u>	_	\$_0.00
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insu. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	гег.		
	Transfer Agent's Fees	•••••		s
	Printing and Engraving Costs			s
	Legal Fees		<u></u>	s 10,000.00
	Accounting Fees		П	\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			S
	Total			s 10,000.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "ac	justed gross	\$	
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an e f the payments listed must equal the ad	stimate and		
			Payments to Officers, Directors, & Affiliates		
	Salaries and fees		\$	_ 🗆 \$	
	Purchase of real estate		🗀 \$	_ 🗆 \$	
	Purchase, rental or leasing and installation of ma				
	and equipment				
				_ 🗆 🌣	
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	ets or securities of another			
	issuer pursuant to a merger)				
	Repayment of indebtedness		_		
	Working capital		🗀 \$	_ 🗹 \$790,000.00	
	Other (specify):	 	🗆 \$	_ 🗆 \$	
				_ 🗆 \$	
	Column Totals		\$ 0.00	790,000.00	
	Total Payments Listed (column totals added)		☑ \$ <u>790,000.00</u>		
Г		D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-acc	rnish to the U.S. Securities and Excha-	nge Commission, upon writ		
Iss	uer (Print or Type)	Signature	Date		
N	europtix Corporation	HUSTE	May 11, 20	808	
	me of Signer (Print or Type)	Title of Signer (Print or Type)	•		
Pa	ul Hartung	President			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)